

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.  
**09/242561**

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2	1					
3	12					
4	21					
5	1(1)					
6	1(1)					
7	1(1)					
8	1					
9	1					
10	1					
11	1					
12	12					
13	1					
14	1					
15	12					
16						
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48						
49						
50						
TOTAL IND.	2		1		1	
TOTAL DEP.	1	↓	1	↓	1	↓
TOTAL CLAIMS	1		1		1	

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
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100						
TOTAL IND.			1		1	
TOTAL DEP.		↓	1	↓	1	↓
TOTAL CLAIMS	1		1		1	